

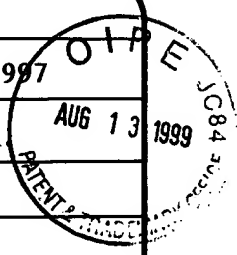
GP 1733

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	08/916,629
	Filing Date	August 22, 1997
	First Named Inventor	Cobbley et al
	Group Art Unit	1733
	Examiner Name	MITCHELL, S.
Total Number of Pages in This Submission		Attorney Docket Number 97-0098

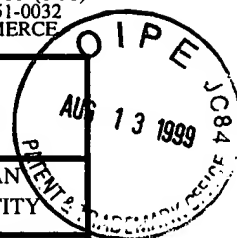


ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Patent application fee determination record; a return receipt postcard </div>
Remarks: This Amendment being filed is in response to the Office Action dated May 10, 1999 having a statutory period for response set to expire on August 10, 1999.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Stephen A. Gratton THE LAW OFFICE OF STEPHEN A. GRATTON
Signature	
Date	August 9, 1999

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 08/09/99			
Typed or printed name	Stephen A. Gratton		
Signature		Date	August 9, 1999

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PATENT APPLICATION FEE DETERMINATION RECORD	Application or Docket Number 08/916,629 97-0098
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CLAIMS AS FILED - PART I			SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$ ____		\$770
TOTAL CLAIMS (37 CFR 1.16(c))	39 minus 20 =	* 19	x \$ ____ =		OR x \$22 =	418
INDEPENDENT CLAIMS (37 CFR 1.16(b))	10 minus 3 =	* 7	x ____ =		OR x 80 =	560
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ ____ =		OR + ____ =	
			TOTAL		OR TOTAL	1748

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II					SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
AMENDMENT A	(Column 1)	(Column 2)	(Column 3)	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT						
	Total (37 CFR 1.16(c))	* 27	Minus	** 39	= 0	x \$ ____ =	OR x \$ ____ = 0
	Independent (37 CFR 1.16(b))	* 6	Minus	*** 10	= 0	x ____ =	OR x ____ = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ ____ =	OR + ____ =
						TOTAL	OR TOTAL
						ADDIT. FEE	ADDIT. FEE 0

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT						
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ ____ =	OR x \$ ____ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x ____ =	OR x ____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ ____ =	OR + ____ =
						TOTAL	OR TOTAL
						ADDIT. FEE	ADDIT. FEE

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT						
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ ____ =	OR x \$ ____ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x ____ =	OR x ____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ ____ =	OR + ____ =
						TOTAL	OR TOTAL
						ADDIT. FEE	ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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RECEIVED AUG 17 1999